

TIPPECANOE COUNTY BOARD OF COMMISSIONERS

RESOLUTION 2008-47-CM

**APPROVING CARY HOME ADMISSION APPLICATION
AND PER DIEM RATES**

WHEREAS, the board of Commissioners of Tippecanoe County desires to approve a standard form of application for admission to the Cary Home for Children and to approve the per diem rates to be charged for residents admitted thereto;

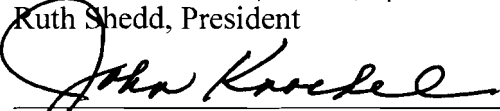
NOW THEREFOR BE IT RESOLVED, That the standard form of Admission Application for admission to Cary Home for Children in the form attached hereto and made a part hereof as Exhibit A be, and the same is hereby approved.

BE IT FURTHER RESOLVED that the per diem rates to be charged for persons admitted to Cary Home for Children shall be \$185.00 for regular supervision and \$211 for intensive supervision, effective as of January 1, 2009.

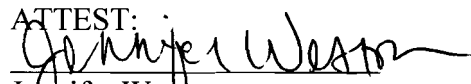
Duly adopted this 1st day of Dec, 2008.

Tippecanoe County
Board of Commissioners


Ruth Shedd, President


John Knochel, Vice President


KD Benson, Member

ATTEST:

Jennifer Weston
Auditor Tippecanoe County

**CARY HOME FOR CHILDREN
APPLICATION FOR ADMISSION**

For Staff Use Only			
ESC on RTC _____	ESC on YES _____	ESC on Girls Unit _____	
RTC _____	YES _____	ISU _____	Girls Unit _____

CARY HOME FOR CHILDREN ACCEPTS PLACEMENTS REGARDLESS OF RACE, COLOR, RELIGION OR NATIONAL ORIGIN.

DATE: _____ TIME: _____ REFERRING AGENCY: _____ AGENCY PHONE: _____

CASEWORKER/PROBATION OFFICER: _____

CHILD/ADOLESCENT BEING REFERRED _____

REASON FOR PLACEMENT (be specific) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ GENDER: Male Female RACE: _____ HEIGHT: _____ WEIGHT: _____

BODY BUILD: _____ COMPLEXION: _____ GLASSES: _____

EYE COLOR: _____ HAIR COLOR: _____ RELIGION: _____

OTHER PHYS. CHARACTERISTICS/SCARS/TATTOOS/PIERCINGS: _____

SSN#: _____ MEDICAID #: _____

PRESENT RESIDENCE: _____

MOTHER: _____ DOB: _____ SS# _____

ADDRESS: _____ PHONE: _____

EMPLOYER: _____ PHONE: _____

FATHER: _____ DOB: _____ SS# _____

ADDRESS: _____ PHONE: _____

EMPLOYER: _____ PHONE: _____

LEGAL GUARDIAN (if different than mother/father): _____ PHONE: _____

ADDRESS: _____

MARITAL STATUS OF PARENTS: _____

STEP-PARENT(S) NAME AND RELATIONSHIP: _____

CARY HOME PLACEMENT CHECKLIST
TO COMPLETED IN CONJUNCTION WITH THE PLACING AGENCY.
CIRCLE "NO" IF DENIED. IF "YES" PROVIDE DETAILS BELOW WHERE AVAILABLE.

1. Allergies **YES NO**
Allergic to: _____
2. Arson **YES NO**
Date(s)/details of incident(s): _____
3. Attempted Suicide **YES NO**
Date(s)/method(s) of attempt(s): _____
4. Communicable Diseases (including AIDS) **YES NO**
Disease & date of diagnosis: _____
5. Criminal History **YES NO**
Charge(s) & date(s): _____
6. Diabetes **YES NO** Insulin dependent? **YES NO**
If child/adolescent is insulin dependent, he is inappropriate for placement at Cary Home.
7. Drugs – Use or Dependency (including alcohol & tobacco) **YES NO**
Type(s) & date(s): _____
8. Bed Wetting **YES NO** Incontinence **YES NO** If YES, circle type of incontinence: **FECAL URINARY**
9. Heart Trouble **YES NO**
Explain: _____
10. Seizures – Epilepsy **YES NO**
Last seizure: _____
11. Complete Immunization History **YES NO**
Records can be obtained from: _____
12. Is child on medication? **YES NO**
Type(s) & dosage(s): _____
13. One week's supply of medication with appropriate instructions available **YES NO**
If no, when/how to obtain medication: _____
14. Physical Abuse – circle one **VICTIM PERPETRATOR NO**
Explain: _____
15. Sexual Abuse- circle one **VICTIM PERPETRATOR NO**
Explain: _____
16. Sexually Active **YES NO** If yes, was protection used? **NO YES (type):** _____
Number of partners, date of last activity: _____
17. Sexually Transmitted Disease History **YES NO**
Disease & date of diagnosis: _____
18. Pregnancies or Children **YES NO**
Number, name of mother (as applicable), location: _____

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CARY HOME FOR CHILDREN
1530 S 18th Street
Lafayette, Indiana 47905

FAX: (765) 477-7806
Phone: (765) 474-4616

ADMISSION AGREEMENT

Name: _____ Date: _____ Time: _____

Cary Home for Children accepts children for placement regardless of race, color, creed, religion, or national origin.

CARE: The placing agency, court, or probation office hereby entrusts to Cary Home for Children exclusive care, guidance, and supervision of the above named child.

SCHOOL: If the child resides outside the Lafayette School Corporation area, the placing agency agrees to furnish either tuition or a tuition transfer certificate. The school transfer certificate should come from the school district or system wherein the child's parent or guardian has legal residence. A guarantee, in writing, that tuition will be paid should be furnished to Cary Home for Children if a transfer certificate is not sent prior to admission. All children must attend school within the Cary Home school district. If the Tippecanoe County Court, Department of Family & Children, or Probation Department wishes the child to attend school in another district, the respective Tippecanoe County Agency must arrange transportation. Cary Home for Children agrees to provide study supervision and tutoring. The placing agency agrees to pay book rental fees and the aforementioned tuition.

CLOTHING: The placing agency agrees to obtain adequate clothing or authorize Cary Home for Children to charge for necessary items. Cary Home will obtain permission from the placing agency for the purchase of articles such as school pictures, prom clothes, athletic equipment, gym uniforms, tennis shoes, winter coats or other needed items.

DIAGNOSTICS: When indicated, to assist in diagnosing a child's problems and planning his/her treatment, a psychological or psychiatric evaluation or other testing will be required when a resident resides at Cary Home for more than ten days. The placing agency will be contacted for authorization and Medicaid will be billed directly by the psychologist or psychiatrist.

COUNSELING: Individual, group and family counseling services will be furnished by Cary Home's professional counseling staff. Crisis and family counseling will be made available to all emergency shelter care placements. When specialized counseling other than that offered by Cary Home is desired by the placing agency, the placing agency agrees to pay for any such counseling and arrange all transportation. Cary Home for Children is not responsible for payment of fees or transportation to and from other therapeutic or counseling services outside Cary Home but they will provide transportation assistance when possible. In some cases, conjoint therapy will be done with a therapist outside of Cary Home. At least every six months, a resident's case will be reviewed to see if progress is made toward set goals and his treatment plan. All treatment plans will be reviewed and updated every 60 days.

TRAVEL: For purposes of recreational, cultural or other Cary Home sponsored activities, the placing agency agrees to allow transportation of the child within a 50 mile radius of Cary Home for Children. For travel outside the 50-mile radius, Cary Home for Children agrees to use best efforts to obtain written permission from the placing agency and child's parent(s) at least 48 hours before departure.

RELIGION: Cary Home for Children is a non-sectarian Tippecanoe County operated facility. As such, each resident is guaranteed the right to attend the worship service of his/her choice as the level system allows. If behavior warrants a safe participation, arrangements for transportation and supervision should be planned with the child, his parents, the placing agency, and the Cary Home Therapist/Case Manager.

VISITING: Visits from parents or guardians are scheduled regularly. Any additional visitors must be over the age of 18 and approved by the therapist or executive director of Cary Home for Children and placing agency.

RELEASE OF INFORMATION: Cary Home will not release any information on present or past residents without first obtaining written permission from the child, his placing agency, parent or legal guardian, or by court order.

RUNAWAYS/MAJOR INCIDENTS: Cary Home for Children agrees to notify the placing agency and parents within 24 hours, the next working day, or as soon as reasonably possible of serious illness, injury, runaway, hospitalization, death, or major incident in the life of the child. Cary Home for Children is not to be held responsible for a child's actions, clothing, or other personal effects if s/he leaves Cary Home without permission. If a child commits a delinquent act while in placement at Cary Home, the child, placing agency, parent or guardian assumes financial responsibility for any legal action or restitution. Belongings not collected within 30 days will be discarded. If a child leaves Cary Home for Children without permission (runaway) or is hospitalized, Cary Home will hold the bed for five days after the child has been absent overnight. The placing agency will be charged a per diem for the days the bed is held in these circumstances.

MEDICAL: Prior to admission, it is expected that medical, dental, optical and other indicated care will be up to date. All children on medication will be admitted with at least one week's supply of medication along with appropriate instructions or a current prescription. On admission, the child will receive a physical, dental, and eye examination from the Cary Home medical consultants. The placing agency assumes financial responsibility for all medical and dental bills, including medications. Lab testing will be dependent upon history. All children being admitted who are on medications for emotional problems will be seen by a psychiatrist within two weeks. In the event the child needs major medical, dental, or in-patient psychiatric care, Cary Home will inform the placing agency, parent, or guardian as soon as possible and arrange for or authorize Cary Home to do so. Cary Home has the legal authority to seek emergency medical, dental or psychiatric treatment for the child. In emergency situations, every attempt will be made to contact the placing agency, parent, or guardian, but if they cannot be reached, permission is given to Cary Home to procure emergency treatment for the child which may include temporary hospitalization. The placing agency, parent or guardian assumes responsibility for expenses incurred by such treatment.

DRUG/ALCOHOL SCREENS: Urine drug screens will be administered to residents at the time of admission. The placing agency assumes financial responsibility for all urine drug screens administered by Cary Home. If indicated, additional testing may be administered while in placement at Cary Home. These tests are done for alcohol, marijuana, cocaine, nicotine, barbiturates, amphetamines, cannabinoids, opiates, benzodiazepines and phencyclidine using offsite laboratory testing. These tests will be administered by Cary Home staff, under any of the following conditions:

- 1) All new residents will be tested.
- 2) Random drug screens (about once a month), as requested by placing agency, or as ordered by the court.
- 3) If a resident runs away from Cary Home and then returns.
- 4) Any time a staff member has a suspicion that a resident has been using drugs or alcohol at Cary Home and/or upon returning to Cary Home from pass time, school, work, outings, etc.

PER DIEMS: Cary Home agrees to provide room and board, 24 hour residential or emergency shelter care, brief assessment, treatment, case management, tutoring, and progress reports to the placing agency. For these services, the placing agency agrees to pay to Cary Home for Children the sum of \$185.00 per day from the date of admission to the date prior to the day of discharge for juveniles requiring regular supervision and treatment. The placing agency agrees to pay to Cary Home for Children the sum of \$211.00 per day from the date of admission to the day prior to the date of discharge for juveniles requiring intensive supervision due to violent or sexual offenses. The daily rate may be changed by action of the Board of Commissioners of the County of Tippecanoe.

DISCHARGE: Upon admission to Cary Home for Children, length of stay will be tentatively agreed upon. This may be modified due to progress, noncompliance or the need for an alternative intervention. It is expected that planning for release or any change in placement will be part of the treatment process agreed upon by all parties working with the child and his family. The executive director reserves the right to terminate this placement if, in his/her judgment, it is in the best interest of the child and other children in residence at Cary Home for Children.

PERMISSION TO VISIT/MAKE OR RECEIVE TELEPHONE CALLS. Highlighted areas indicate phone calls only.

Visiting privileges may be terminated for the following reasons:

1. The child does not wish to visit.
2. The child or visitor violates any of the rules listed in Cary Home for Children's RULES FOR VISITING.
3. The Placing Agency or Cary Home Staff believe that visitation is causing an emotional or behavioral disturbance.

NAME	RELATIONSHIP	ADDRESS	PHONE
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NAME	RELATIONSHIP	ADDRESS	PHONE
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NAME	RELATIONSHIP	ADDRESS	PHONE
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NAME	RELATIONSHIP	ADDRESS	PHONE
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ADMISSION AND VISITOR/CALL LIST AGREEMENT:

By signing below, I, as a representative of the Placing Agency, agree to the above visitor/call list as well as all admission information and requirements as stated on pages 4, 5, and 6.

Placing Agency or Agent (Print Name)

Authorized Signature (Probation Officer,
Caseworker)

Executive Director

Cary Home Intake Staff Signature

Signature and Badge # of Transporting Officer

Printed Name of Transporting Officer

Parent/Guardian Signature Date

RELEASE STATEMENT *****

On (date) _____ at (time) _____.

Child's Name (Print)

Was released from Cary Home for Children and placed in the custody of:

Agency or Relationship (Print)

Authorized Signature

Printed Name of Person Released To

Address of Person Released To

Phone Number of Person Released To